

Nonwhite Females: Hypertension (123), cancer of the cervix uteri (101), hypertensive heart disease (94), diabetes (88), nephritis/nephrosis (69), septicemia (50), nutritional deficiencies (31).

The only notable excesses among white females were the death rates for mental disorders (10.5% above the state rate) and arthritis (19.6% above the state rate).

A comparison of the cause-specific death rates across age groups (Tables 8-10) reveals large increases in risk at more advanced ages for the cardiovascular diseases, especially stroke and atherosclerosis; cancer of the prostate; septicemia; nutritional deficiencies; anemias; mental disorders; pneumonia and influenza; ulcer of stomach and duodenum; nephritis and nephrosis; other genitourinary diseases; and falls. By comparison, advancing age is associated with only modest increases in risk of death from arthritis, cancer (except prostatic), COPD, diabetes, and infectious and parasitic diseases (except septicemia). Risk of death from lung cancer, alcohol-related conditions, and suicide is seen to decline with advancing age. The statewide percentage changes across age groups are given in Table 11. The increases are generally lower than those computed for the U.S. (using Table 6 rates) except in the case of homicide. It is also found that the state's *decrease* of 30 percent in suicide from ages 65-74 to ages 85 and older compares to a small *increase* of 6 percent in the U.S. In both the state and the nation (8), the suicide rate is higher for persons in the three age groups 65 and older than for all age groups below 65, particularly at ages 75-84. The 1983-87 suicide rate for N.C. white males aged 75-84 was alarmingly high at 60.2 deaths per 100,000 population. In fact, suicide ranked above motor vehicle accidents as a cause of death for white males aged 65-74 and 75-84. Thus, white males contribute disproportionately to the high overall suicide rates observed at older ages.

Figure 3 displays the age-specific death rates for leading causes among the elderly, and Figure 4 displays the age-specific death rates for those causes for which the death rate was more than 1,000 percent higher at ages 85 and older than at ages 65-74. Among these latter causes of death are falls, which are particularly prevalent among the elderly. During 1987, nearly three-quarters of all fall deaths occurred among residents 65 and older; nearly one-third occurred among those 85 and older. At ages 75

and above, the death rate for falls is particularly high among whites with older nonwhite females being at relatively low risk of death attributable to a fall.

Percentage Changes in Death Rates Between 1968-72 and 1983-87

Declines in cardiovascular disease mortality have been highly touted. What about changes in mortality from other causes? By age group, the percentage changes between 1968-72 and 1983-87 in the death rates for selected leading causes are given in Tables 12-15. The selected causes are those for which the Eighth and Ninth Revisions of the *International Classification of Diseases* are similar, i.e., comparability ratios computed by the National Center for Health Statistics were near 1.0 (9).

While the death rate for persons 65 and older (Table 12) declined 15% between 1968-72 and 1983-87, the number of those elderly deaths increased 46%. This reflects the population's changing age structure.

Among persons 65 and older most race-sex groups experienced notable improvements between 1968-72 and 1983-87. Exceptions are increased death rates for cancer, chronic liver disease and cirrhosis, and suicide. Particularly notable are increases in the suicide rate for white females, up 91%, the cancer and suicide rates for nonwhite males, each up 55%, and the chronic liver disease and cirrhosis rate for nonwhite females, up 52%. Also noted in Table 12 are the greater decreases in cardiovascular mortality among white males than among others.

Examination of the age-specific changes of Tables 13-15 reveals that mortality improvements generally were greater at ages 65-74 and 75-84 than at 85 and older. Several death rate increases are particularly notable:

- White Females: Suicide at ages 65-74, up 81%, and at ages 75-84, up 118%.
- Nonwhite Males: Chronic liver disease and cirrhosis at ages 65-74, up 70%; cancer at ages 75-84, up 60%, and at ages 85 and older, up 114%.
- Nonwhite Females: Chronic liver disease and cirrhosis at ages 65-74, up 51%, cancer at ages 85 and older, up 67%.